

DOH Collaborative on Public Health Performance Measures

Team Meeting via iLinc

Wednesday, August 16, 2006, 9:00 – 11:30 am

Meeting Minutes (Recorder: Nicola Marsden-Haug)

Participants: Rita Schmidt, Marni Mason, Joan Brewster, John Peppert, Karen Krueger, Claudia Lewis, Peggy Grigg, Roger Arango, Michelle Balter, Eeva Seekatz, Kimberly Carson, Gwen Dutt, Marion Lee, Torney Smith, Deborah Ahern, Jeanie Knight, Diana Rice, and Nicola Marsden-Haug

- Brief review of iLinc tools, rules, and availability (Nicola)
- Each team presented their work plan and progress to date
 - DOH
 - The DOH team work is evolving out of a two-year project focusing on an overall Community and Family Health strategic plan.
 - Switching the project from preventing disease to healthy behaviors because this is a topic that is more inclusive of all 3 divisions within CFH.
 - Restarted ~3 weeks ago. Next meetings on Aug 22 and 29.
 - Plan to have a logic model for this new project by the end of this learning cycle.
 - Are not ready for help/consultation yet. Will let us know when ready.
 - Grant
 - Met with Marni to improve measurements in LTBI logic model. Also used Grays Harbor's data collection sheets as examples. Current iteration of logic model reflects this help.
 - Looking for samples of questionnaires for providers, clinic managers, etc. (Internal customer service survey; not for general public).
 - Will be meeting with nurses to do reality check since they are the people who will be implementing the plan.
 - Peggy submitted a new RWJ grant application for developing informatics which would help with database design.
 - Thurston
 - Focus on MCH to develop logic model and performance measures, but plan to visit each of the other divisions to promote their work on developing their own logic models.
 - Focused on Activities in revised logic model.
 - Working on scales for assessment tool. Omaha is a good example.
 - Next step is to focus on filling out the data collection forms and determining performance measures.
 - The team has used the materials developed by the PH Nursing Directors, and their hope is that this new work at Thurston County will be equally informative for the Nursing group.

- Grays Harbor
 - Family Planning/STD program gets electronic data for every patient encounter. Data rich!
 - Focusing on short term outcomes because of the Collaborative project length. Couldn't decrease unintended pregnancies within the next 4 months, therefore decided to focus on keeping patients who don't desire a pregnancy on birth control. Nurses have implemented a practice such that every patient who has a negative pregnancy test and does not desire a pregnancy leaves with effective birth control. Are also collecting contact info and preferred method of contact at initial visit and implementing nurse follow up contact after 3 months. This will be just about the same time that the project is ending, so might not have much data to show at the Learning Congress.
 - *MARNI: Recall that the intent of the Collaborative is to describe the logic model process and determine a set of performance measures; not necessarily to show improvement by November.*
- Spokane
 - Training and support will be provided to all divisions. Have already begun to educate the management levels of most divisions about BPA and logic models.
 - Logic model for intentional injury prevention was shared. Process (short-term) outcomes focus on quality improvement. Impact (medium) outcomes focus on changes in behavior, protocol, knowledge. Do make some changes through lessons learned, so these are documented. Population (long-term) outcomes are changes in incidence. How will you know what you are doing is working? Get the data.
 - Using several surveys to collect data. Funded/implemented through several different programs.
- Group discussion
 - What help, tools, and/or consultation do teams need?
 - Want to see the drafts and documents from the other teams that were presented today. Want to see the surveys from Spokane. Please send any documents that you are willing to share to Nicola. We will post them on the website.
 - DOH: Not ready for help/consultation yet. Will know more after Aug 22 meeting.
 - Grant: No help requested for now.
 - Grays Harbor: Feel like they are doing okay for now. No help needed now.
 - Spokane: Appreciate the help from Deborah. Will stay in touch with teams and Marni.
 - Thurston: Want help from Marni on quantitative data elements in about 4-6 weeks.
 - Possible take-away lessons/achievements for the Learning Congress:
 - Process improvements and/or health outcomes are important to show.
 - We want to show what connections and linkages were made; and what connections and linkages still need to be made?

- When we find effective interventions, how do we share them statewide?
- Lessons learned so far:
 - Tools from the other teams (logic models & data collection forms) are very helpful as a starting point. Continued sharing is important.
 - Logic models tend to use quantitative measures, but some things, e.g. nurturing, are more qualitative. It is okay to use qualitative measures too, but not exclusively.
- Next Steps
 - Need to invite RWJ funders to the Learning Congress.
 - Update your work plans. These will serve as a progress report to share at our next iLinc meeting.
 - Send any agenda items to Nicola for the next iLinc meeting.
- Messages from Joan
 - Very pleased with the reviews from the July session
 - Would like to thank UW and the use of iLinc, which supports statewide meetings and has had a significant impact on how we practice public health.
 - Thanks to all of the teams for their hard work on this Collaborative. The examples will be priceless. This experience will teach policy makers about this important process and the funding that health departments need to make improvements.
 - We can extend the work even though the RWJ grant was scheduled to complete in November. So it's okay if you haven't expended your grant money. There is more money for additional conference calls, the Learning Collaborative, etc.
 - We will apply for another year's worth of funding from RWJ, but need to know what the teams want to do. More consultation? More training?
 - Modern statistical techniques applied to logic models. Link outputs to outcomes to look at associations. Analysis could yield data to make definitive judgments about strength of models.
 - Consider how we can engage counties who aren't currently engaged.
 - Increase amount of consultation specifically on the rapid cycle improvement.
 - Understand the integration of BPA and logic models.
 - Look at infrastructure and basic functions of health departments. Demonstrate whether system-building work really does pay off for making public health achievements/outcomes in practice. (This is a really important message for policy makers and funding).
 - Joan would appreciate emails in your own words if this method of learning is helpful. She will use this feedback to guide how this type of process can be used more broadly on other projects and in building systems and connections.
- Upcoming Deadlines
 - Thursday, September 21 – send Nicola your updated work plans and any other materials for sharing in the iLinc session
 - Monday, September 25, 3:00-5:00 pm – Team meeting via iLinc
 - Thursday, November 9, full day – Learning Congress